## CAT FEE DETERMINATION RECORD Effective December 8, 2004 PATENT APPLICAT

Application or Docket Number 10/536665

| CLAIMS AS FILED - PART I   |  |   |  |  |              |                       | SMALL ENTITY        |                        | OTHER THAN OR SMALL ENTITY |                     |                        |
|--|--|---|--|--|--------------|-----------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| · · · · · · · · · · · · · · · · · · ·  |  |   | (Column 1)   |  | (Column 2)   |                       | TYPE                | TYPE                   |                            | SMALL ENTITY        |                        |
| U.S. NATIONAL STAGE FEES   |  |   |  |  |              |                       | RATE                | FEE                    | ] .                        | RATE                | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150 LARGE ENT.   |  | NT. = \$ 300 | BASIC FEE             |                     | 'OR                    | BASIC FEE                  | 300                 |                        |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)- All other sit<br>(4) = \$50 / \$ 100 \$ 100 / |  |              | ituations =<br>/\$200 | 認為                  | ·                      |                            | WAR EB              | 260                    |
| SEA  | RCH FEE  |   | ALL other cour   | I I OTHER COURTMEN II                            |              | ituations =<br>/\$500 | SEARCH FEE          | ·                      | 1                          | SEARCH FEE          | 400                    |
| FEE  | FOR EXTRA S                                    | PEC. PGS.                                       | winu   | s 100 =  | /5           | i0 = ·                | X\$ 125 =           |                        |                            | X \$ 250 =          | /                      |
| TOTAL CHARGEABLE CLAIMS  |  |   | 12_ minus 20 = . /   |  |              | /                     | X\$ 25=             |                        | OR                         | X \$ 50 =           |                        |
| INDI   | EPENDENT CL                                    | AIMS  | minus 3 = .  |  |              |                       | X\$100 =            |                        | OR                         | x \$ 200 =          |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                                  | SENT   |  |              |                       | + \$ 180 =          |                        | OR                         | +\$ 360 =           | 1                      |
| If the difference in column 1 is less than zero, enter "0" in column 2   |  |   |  |  |              | TOTAL                 |                     | OR                     | TOTAL                      | 900                 |                        |
| CLAIMS AS AMENDED - PART II OTHER THAN   |  |   |  |  |              |                       |                     |                        |                            |                     |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |  |  |              | Column 3)             | SMALL               | ENTITY                 | OR                         | SMALL E             |                        |
| AMENDMENT A  | ,  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO            | R            | PRESENT<br>EXTRA      | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total  | • 12  | Minus  | <u>- 20</u>                                      | 2 =          |                       | X \$ 25 =           | 7                      | OR                         | X \$ 50 =           |                        |
|  | Independent                                    | • 1   | Minus  | <del>***</del> 3                                 | -            | )                     | X \$ 100 =          |                        | OR.                        | X \$ 200 =          |                        |
| '  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |              |                       | + \$ 180 =          | 1                      | OR                         | + \$ 360 =          |                        |
|  |  |   |  |  |              |                       | TOTAL ADDIT         |                        | OR                         | TOTAL ADDIT.<br>FEE |                        |
|  |  | (Oakses A)                                      |  |  |              | ·.                    | ٠                   |                        |                            | •                   |                        |
| ПВ   |  | (Column 1)  CLAIMS  REMAINING  AFTER  AMENDMENT |  | (Column<br>HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO | R<br>SLY     | PRESENT<br>EXTRA      | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT  | Total  | •   | Minus  | **   | =            |                       | X \$ 25 =           |                        | OR                         | X \$ 50 =           |                        |
|  | independent                                    | •   | Minus  | ***  | =            |                       | X \$ 100 =          |                        | OR                         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |              |                       | + \$ 180 =          |                        | OR                         | + \$ 360 =          |                        |
|  |  |   |  |  |              |                       |                     | •                      | OR                         | TOTAL ADDIT.<br>FEE |                        |
|  |  | • •   |  | •  |              | • . •                 | •                   |                        |                            | •                   |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3". |  |   |  |  |              |                       |                     |                        |                            |                     |                        |
|  |  | mber Previously Paid<br>ober Previously Paid    |  |  |              |                       | n the appropriate b | ox in column 1.        |                            |                     |                        |